THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Small Business Insurance

Machinery Breakdown Claim Form

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

A INSURANCE HISTORY

1. Name of Insured:

2. Address:

3. Business Operations:

4. Policy Number and Due Date:

5. Telephone:

6. Email:

B MACHINERY BREAKDOWN

1. Please provide a description of the machine or property damage:

Description of Goods	Quantity	Make/Type/ Serial Number	Age of Equipment	Date of Last Service	Cost (at Time of Purchase)	Date of Purchase	Amount Claimed
					$		$
					$		$
					$		$
					$		$
					$		$

2. Time, date and location of accident or damage:

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3. Provide a description of the cause of damage:

Please attach a copy of the technician's report including their summary of the cause of damage and whether the machine or property is to be repaired or replaced of Insured.

4. a) Was there any unrepaired damage to the machine or property before the loss or damage occurred? ☐ YES ☐ NO

*If **Yes,** please provide details:*

b) Is the machine or property regularly maintained? ☐ YES ☐ NO

*If **Yes,** by whom and how often?*

5. a) Was the damage caused by Third Party or Parties? ☐ YES ☐ NO

*If **Yes,** please provide details in the table below:*

Name	Address	Contact Number

b) Has any stock spoilage occured as a result? ☐ YES ☐ NO

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c) Please attach supporting invoices showing cost price as proof of loss:

Item	Date of Invoice or Quantity of Spoilt Stock	Description of Spoilt Stock	Unit Cost Price	Total Cost Price
			$	$
			$	$
			$	$

7. Please complete the following for any items to be repaired as a result of this claim

Name of Repairer	
Address of Repairer	
Have repairs been authorised?	☐ YES ☐ NO
Date of Authorisation	
Date of commencement of repairs	
Estimated cost of repairs	

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DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____